

Schedule of Benefits

(GR-9N S-01-001-01)

Employer: State of Nebraska

Group Policy Number: GP-473449

Issue Date: April 10, 2013

Effective Date: July 1, 2013

Schedule: 2A

Cert Base: 2

For: Life Insurance - Active Permanent Employees

Schedule of Life Insurance Benefits

(GR-9N S-02-01 01)

Employees

(GR-9N S-02-01 01)

Basic Schedule

Classification *(GR-9N S-02-01 01)*

All Employees

Amount

\$20,000

Employees

(GR-9N S-02-01 01)

Supplemental Schedule

Classification

All Employees

Option 1:

Amount

.5 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Basic and Supplemental Aggregate Maximum: \$2,000,000

Minimum: \$10,000

Option 2:

1 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Basic and Supplemental Aggregate Maximum: \$2,000,000

Minimum: \$10,000

Option 3:

1.5 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Basic and Supplemental Aggregate Maximum: \$2,000,000

Minimum: \$10,000

Option 4

2 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Basic and Supplemental Aggregate Maximum: \$2,000,000

Minimum: \$10,000

Option 5:

3 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Basic and Supplemental Aggregate Maximum: \$2,000,000

Minimum: \$10,000

Option 6:

4 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Basic and Supplemental Aggregate Maximum: \$2,000,000

Minimum: \$10,000

Option 7:

5 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Basic and Supplemental Aggregate Maximum: \$2,000,000

Minimum: \$10,000

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$2,000,000.

You may elect coverage under any one of the available options shown above for Supplemental Life Insurance. Once you have made a selection, if you wish to make a change, your employer can provide you with information on how and when changes can be made.

Evidence Requirements

To become insured for Supplemental Life Insurance coverage, certain requirements will need to be met. You can become insured for Supplemental Life Insurance in excess of \$750,000 or for any aggregate amount of Basic Life Insurance and additional Supplemental Life Insurance in excess of \$1,000,000 as long as you submit evidence of good health, and **Aetna** approves. If **Aetna** does not approve your evidence of good health, the amount of Supplemental Life Insurance will be limited to the Guaranteed Standard Issue amount.

In addition, the following apply while you are insured:

- If you first become eligible for an amount of Supplemental Life Insurance in excess of \$750,000 or for any aggregate amount of Basic Life Insurance and additional Supplemental Life Insurance in excess of \$1,000,000, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves. This does not apply if the sole reason you become eligible for the higher amount is because of an earnings increase.
- You elect to increase your Supplemental Life Insurance by more than one level or multiple of your basic annual earnings then you can only become insured for the higher amount if you submit evidence of good health, and **Aetna** approves. This applies even if **Aetna** has approved evidence of your good health in the past.
- You elect to increase your Supplemental Life Insurance by any amount after you have applied for an Accelerated Death Benefit, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves.

If you do not or did not elect Supplemental Life Insurance within 31 days of the date you were first eligible to elect Supplemental Life Insurance, whether under this Plan or any other group plan sponsored by the Policyholder, coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If evidence of good health is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

Note:

The life insurance amount you receive under the permanent and total disability feature of this plan will be reduced at the specified ages, and according to the Age Reduction Rule.

Dependents Schedule (GR-9N S-02-02 01)

Classification	Amount*
Spouse	
Option 1:	\$5,000
Option 2:	\$10,000
Unmarried child, age 3 days to 26 years:	
Option 1:	\$5,000
Option 2:	\$10,000

*but not more than 50% of the amount of your Basic and Supplemental Life Insurance under this plan.

Evidence Requirements for Dependents

For your dependents to become eligible for life insurance coverage, certain requirements will need to be met. Note that the dependent eligibility date is the date you can first elect coverage for a dependent under this plan or any prior group plan.

Requests Submitted More Than 31 Days after the Dependent Eligibility Date

If you request life insurance coverage for a dependent spouse more than 31 days after the dependent eligibility date, the dependent spouse can become insured as long as you submit evidence of the dependent's good health, and **Aetna** approves.

If you must submit evidence of your dependent spouse's good health, you must notify **Aetna** if any information that has been submitted to **Aetna** on your dependent spouse's behalf has or would change as a result of knowledge gained prior to **Aetna** notifying you that your spouse has been approved for the life insurance amount which is subject to evidence of good health.

Accelerated Death Benefit (GR-9N 03-003 01)

Employees and Dependent
Spouses

ADB months	24 months
ADB percentage	up to 75%
ADB minimum	\$5,000
ADB maximum	up to \$500,000

Accidental Death and Personal Loss Coverage

(GR-29N 03-01 01)

Schedule of Accidental Death and Personal Loss Benefits

Employees

Supplemental Schedule

Classification

All Employees

Principal Sum

\$5,200

The amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

Additional Accidental Death and Personal Loss Benefit Maximums

(GR-9N S-03-02 01)

Employees

Passenger Restraint Benefit Maximum
for you

\$10,000*

Airbag Benefit Maximum

One half of a person's **Passenger Restraint** Benefit

Education Benefit Maximum
for each dependent child

Your actual expenses not to exceed 5% of your or your spouse's principal sum or \$5,000 per year for up to 4 years, whichever is less

for your spouse

Your actual expenses not to exceed 5% of your principal sum or \$5,000 per year for up to 4 years, whichever is less

Child Care Benefit Maximum
for each child

Your actual expenses not to exceed 3% of your principal sum or \$2,000 per year per child for up to 4 years, whichever is less

Repatriation of Remains Benefit Maximum

Your actual expenses up to \$5,000*

General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.